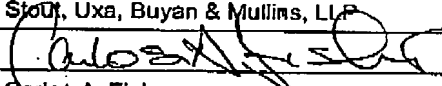


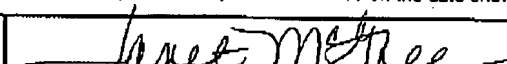
| | | | |
|--|----|------------------------|------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/016,850 |
| | | Filing Date | 12/14/2001 |
| | | First Named Inventor | Hughes |
| | | Group Art Unit | 1618 |
| | | Examiner Name | Fay, Z. |
| Total Number of Pages in This Submission | 20 | Attorney Docket Number | D-3004 |

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| ENCLOSURES (check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | Stout, Uxa, Buyan & Mullins, LLP | | |
| Signature |  | | |
| Printed Name | Carlos A. Fisher | | |
| Date | 10/22/2007 | Reg. No. | 36,510 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|---|--|-----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 571-273-8300, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | |
| Signature |  | |
| Typed or printed name | Janet McGhee | Date 10/22/2007 |

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| | | | |
|--|--|--|--|
| FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small> | | Complete If Known | |
| <input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27 | | Application Number 10/016,850 Filing Date 12/14/2001 First Named Inventor Hughes Examiner Name Fay, Z. Art Unit 1618 Attorney Docket No. D-3004 | |
| TOTAL AMOUNT OF PAYMENT (\$) 450 | | | |

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number 01-0885
 Deposit Account Name Carlos A. Fisher

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) associated with this communication
 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-203B.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|---------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| Subtotal (1) | | | | | | | 0 |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple Dependent Claims | 360 | 180 |
| Total Claims | | |
| -20 or HP = _____ x _____ | | |
| HP = highest number of total claims paid for, if greater than 20 | | |
| Indep. Claims | | |
| -3 or HP = _____ x _____ | | |
| HP = highest number of independent claims paid for, if greater than 3 | | |
| Subtotal (2) | | |

3. APPLICATION SIZE FEE

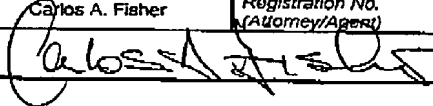
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--|--------------|--|----------|---------------|
| -100 = _____ /50= _____ (round up to a whole number) | | | | |
| Subtotal (3) | | | | 0 |

4. OTHER FEE(S)

| | |
|--|-----|
| <input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount) | |
| <input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount) | |
| <input type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount) | |
| <input checked="" type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount) | 450 |
| <input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount) | |
| <input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount) | |
| <input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount) | |
| <input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount) | |
| <input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount) | |
| <input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount) | |
| <input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount) | |
| <input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount) | |
| <input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount) | |
| <input type="checkbox"/> Request for Continued Examination: \$790 fee (\$395 small entity discount) | |
| <input type="checkbox"/> Other: _____ | |
| Subtotal (4) | |

SUBMITTED BY

| | | | | | |
|-------------------|---|-----------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Carlos A. Fisher | Registration No. (Attorney/Agent) | 38,510 | Telephone | 949-450-1750 |
| Signature |  | | | Date | 10/22/2007 |